

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030826

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED SEP 4 1962

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
William R. Doherty, M.D.  
MEDICAL CERTIFICATION

|   |   |  |                                      |
|---|---|--|--------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>                           |                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>KANSAS CITY</b>   |   | c. CITY OR TOWN <b>KANSAS CITY</b>   |                                      |
| Length of stay in lb OR TOWN <b>52 yrs 3 months</b>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3627 Flora</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>1841 Holly</b>   |                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>LAURA</b> Middle <b>CHARLOTTE</b> Last <b>ATKINSON</b>   |   | 4. DATE OF DEATH<br>Month <b>AUGUST</b> Day <b>19</b> Year <b>1962</b>   |                                      |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>11-1-1872</b> |
| 9. AGE (last birthday)<br><b>89</b>   |   | IF UNDER 1 YEAR<br>Months <b>8</b> Days <b>18</b>  |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>NONE</b>   |                                      |
| 11. BIRTHPLACE (City and state or country)<br><b>OATSVILLE, INDIANA</b>   |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |                                      |
| 13a. FATHER'S NAME<br><b>MILTON PHILLIPS</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>NANCY BELCHER</b>  |                                      |
| 14. NAME OF HUSBAND OR WIFE<br><b>ADAM JACKSON ATKINSON DEC.</b>  |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <b>NO</b>   |                                      |
| 16. CAUSE OF DEATH (Enter only one cause per line for (a) (b) (c))<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary Edema</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) <b>unknown</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>24 hours</b>  |                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |                                      |
| 20c. TIME OF INJURY<br>Hour <b>5</b> a.m. <b>10</b> p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                      |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION<br><b>90-0</b>  |                                      |
| 21. I attended the deceased from <b>May '61</b> to <b>Aug. '62</b> and last saw her alive on <b>18 Aug. '62</b>   |   | Death occurred at <b>May '61</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                      |
| 22a. SIGNATURE (Decedent or title)<br><b>William R. Doherty M.D.</b>  |   | 22b. ADDRESS<br><b>2108 W. 75th Prairie Village, Mo.</b>   |                                      |
| 22c. DATE SIGNED<br><b>8-20-62</b>  |   | 22d. LOCATION (City, town, or county) (State)<br><b>4900 Truman Rd., Kansas City, MO.</b>  |                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>8-21-1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>ELWOOD CEMETERY</b>   |                                      |
| 24. FUNERAL DIRECTOR<br><b>Marion Ann Olthoff</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-20-62</b>   |                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |   |  |                                      |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Marion L. Dyer*

Licensed Embalmer No.

*36125*

P. O. Address

*Platte River*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.